

Ontario long-term care homes weren't prepared for COVID-19 pandemic, auditor-general says

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A staff member wearing a mask and holding sanitizer greets people entering a building at the Promenade retirement residence, where local health officials reported Ottawa's first case of COVID-19 in a retirement or long-term care home after a resident tested positive, on March 28, 2020.

JUSTIN TANG/THE CANADIAN PRESS

The Ontario government did not protect the province's long-term care sector from the pandemic, leaving homes without adequate measures to curb the spread of the highly infectious novel coronavirus and older, crowded facilities with nowhere to isolate residents sickened with COVID-19, the province's auditor says.

Those failings contributed to the deaths of 3,756 residents as the coronavirus tore through the province's nursing homes during the first and second waves. Many of the systemic problems have yet to be addressed, Auditor-General Bonnie Lysyk found, including outdated homes with multibed wards, chronic staffing shortages and insufficient Infection Prevention and Control (IPAC) practices.

"Our work clearly confirmed that neither the Ministry of Long-Term Care nor the long-term care sector was sufficiently positioned, prepared or equipped to respond to the pandemic in an expedient and effective way," Ms. Lysyk told reporters on Wednesday.

Minutes after Ms. Lysyk tabled her 107-page report, Long-Term Care Minister Merrilee Fullerton defended the government's record. What happened in long-term care homes during the pandemic, she said, is the result of years of neglect and underfunding of the sector by previous governments.

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Premier Doug Ford's government relied on experts, including Dr. David Williams, the province's Chief Medical Officer of Health, to guide its response to the pandemic, Ms. Fullerton, a former family doctor, told reporters.

"I don't think you would want a politician determining the public-health measures," she said. "We have been listening to the experts this whole time."

The auditor's report is the latest to examine how the coronavirus devastated Ontario's long-term care homes. It sheds new light on the lack of collaboration between different government entities, resulting in the sector falling through the cracks.

Nursing homes were not integrated into the province's health care system, depriving them of life-saving expertise in infection prevention and control measures from hospitals or public-health units, the report says.

The Ministry of Long-Term Care is responsible for ensuring that homes have proper IPAC measures in place, which are crucial to curb transmission of the virus. But the ministry stopped doing routine annual inspections of homes in 2018 and only three of its staff members have IPAC expertise, the report says.

The province's 34 local public-health units, by contrast, have plenty of staff capable of assessing a home's ability to control infections. The ministry requires the health units to inspect all licensed child-care centres as well as hair salons and other personal services businesses once a year, but not nursing homes.

Roughly half of the province's 626 long-term care homes now have informal partnerships with local hospitals to help with IPAC measures. But in the early days of the pandemic, the rush to clear hospital beds helped the virus to flourish in nursing homes.

Just as the coronavirus was gaining a foothold in long-term care homes in March of 2020, hospitals were discharging hundreds of elderly patients to the facilities.

Hospitals transferred 761 patients that month to long-term care homes, 50 per cent more than the average in prior months, the report says. In April, 2020, another 691 patients who still needed medical care (known as alternate level of care, or ALC) were transferred to free up hospital beds.

By the time the government ordered hospitals to suspend further transfers on April 15, more than 1,400 people who live and work in long-term care were sickened with the virus.

"Given that homes were, on average, at 98-per-cent capacity prior to the pandemic," the report says, "these transfers of patients designated as ALC added pressure to the homes, some of which were already struggling to contain the spread of COVID-19."

The auditor's analysis shows that residents who slept in the same room and shared a bathroom with two or three other people were particularly vulnerable to the virus. During the first wave, almost two-thirds of the homes where at least 30 per cent of residents became infected with COVID-19 had multibed wards.

"With the arrival of vaccines, the number of COVID-19 outbreaks and deaths has been significantly reduced in the long-term-care homes, but the long-standing systemic issues that place residents at risk remain to be addressed," Ms. Lysyk says in her report.

As of Tuesday, 49 residents were sickened with the virus, down from a peak of 1,650 on Jan. 14.

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